



COMMUNITY HEALTH EMS (CHEMS) ADMINISTRATOR TRAINING



Mary Sheridan, Bureau Chief
Rural Health & Primary Care, Division of Public Health,
Idaho Department of Health and Welfare

Shawn Rayne, Deputy Director of Operations
Ada County Paramedics

Mark Babson, Community Paramedic
Ada County Paramedics

June 22nd, 2016



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH





THANK YOU!





OVERVIEW

(REFERENCE AGENDA)

- Statewide Healthcare Innovation Plan (SHIP) context
- Administrative training
- Current resources and opportunities
- Metrics to test concept
- Upcoming CHEMS projects
- Stakeholder engagement
- Adjourn for CHEMS Workgroup meeting, Pete Cenarrusa Building, 450 W. State St.



Statewide Healthcare Innovation Plan (SHIP)

EMS Opportunities

- Funding to IDHW from Centers for Medicare and Medicaid Innovation (CMMI)
- Patient-centered medical home (PCMH) and moving from volume to value
- Triple Aim: improve patient care (quality and experience), improve population health, reduce costs
- CHEMS exists statewide outside of SHIP
- Opportunity to establish programs, develop resources, and test CHEMS concept



WHAT IS COMMUNITY HEALTH EMS (CHEMS)?

An evolving, innovative healthcare delivery model where emergency medical services (EMS) personnel extend the reach of primary care and preventative services outside of the traditional clinical settings and often into the patient's home environment.

An expanded role and work within their current scope of practice.

Examples:

- Healthcare navigators for patients
- Transitional care for patients following hospital discharge
- Vaccinations
- Resource coordination
- Basic medical therapeutics



SHIP CHEMS Mentoring Resource

CHEMS Administrative Perspective

Shawn Rayne, Deputy Direct Of Operations
Ada County Paramedics



Community Paramedicine

The Admin Perspective

Shawn Rayne, Deputy Director of
Operations

Ada County Paramedics

June 22nd, 2016



Ada County Community Paramedics History

- Began December 2011
- 2 FTEs. 4 Half Time Paramedics
- 1-3 Year Plan
- Additional Education – Colorado Mountain College
 - * Multiple Clinical Sites
 - * Continuing Education
- Community/Partner Stakeholder Engagement
- Program Focus/Pilot Development
 - * Transitions Care with Hospital
 - * Agency/County Health/Wellness Programs
 - * System Focus



Current Programs and Pilots

**St. Luke's
CTP 30 Day**

**CARES – ED
Patient
Follow Up**

**Mental Hold
Diversion**

**At-Risk In-
Field Patient
Referral**

**Vaccination
Clinics**

**Saint Als –
CHF 30 Day**

**CHEMS Task
Force**

**Liaison and
Advisory
Council**

**Idaho State
University - CP
Education**

**DOT – Public
Health**

**In Home
Med Rec –
SIACH**

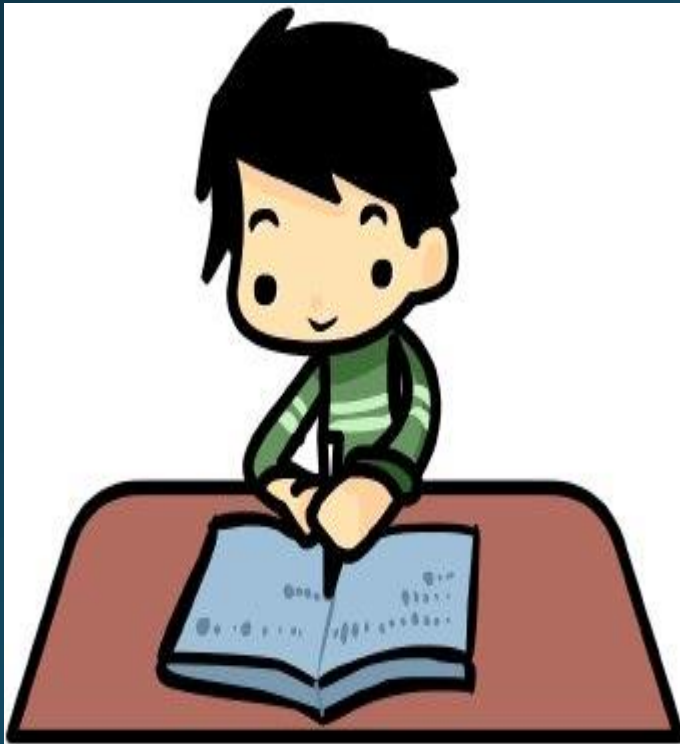
**ALS11 – Low
& High Acuity
Calls**

Getting the “Buy In”



“The secret of getting ahead is getting started”
– Mark Twain

Do Your Homework!



Do Your Homework!

- What's it going to cost to implement the program?
 - Personnel
 - Paid to train?
 - Promotion with pay?
 - Backfill while training?
 - Additional resource or perform during normal duty?
 - Equipment
 - Vehicle
 - Uniforms
 - Durable medical equipment
 - Disposable supplies
 - Office supplies

Do Your Homework!

- Return on Investment (ROI)
 - Revenue?
 - Relationships?
 - Patient benefit?
 - Public benefit?
 - REVENUE!



Do Your Homework!

- Budget Process
 - When does your agency go through the budget process?
 - What fiscal year do you use?
 - Where would your program budget (cash) come from?
 - How would you receive revenue from non-traditional sources?
 - Build A Program Budget!



Do Your Homework!

- Legal Issues
 - Contracts for service
 - Union contract
 - Change in working conditions???
 - Agency Liability
- You need an Attorney!!!!



Other issues?

- What other issues might come up in this discussion with your administration?



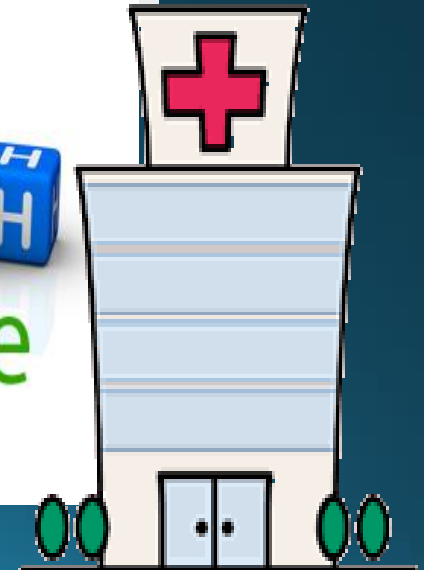
Revenue

- How do you make the money?



Revenue Sources

- Taxes?
- Hospitals?
- Payers/Insurance?
- Patients?
- Hospice?
- Others?



Business Plan/Strategic Plan



PHILOSOPHY

Based on our core principles, we value our personnel and develop their abilities to serve as Emergency Medical Service leaders, patient care providers, and healthcare advocates.

VALUES

Humanity – to value every human being, and to demonstrate respect, dignity, understanding, and compassion in each interaction

Integrity – a transparent honesty demonstrated by doing the right things for the right reasons, at all times

Trust – a shared reliance in our character and competency for the benefit of all stakeholders; its success or failure is determined through our integrity, intent, capabilities and results

Excellence – exceptional quality and service through innovation, collaboration, constant improvement, and recognition of achievement

Stewardship – to deliver sustainable, high-quality service through responsible management and effective utilization of resources

MISSION

To care for you like we care for our own, we deliver pre-hospital healthcare focused on our values

VISION

Patient Care – to be the premier out-of-hospital health care provider establishing best practices through innovation, research, education, and the development of evidence-based medicine

Emergency Medical Services System Development – to provide leadership, resources, and modeling for the development of the most effective and efficient emergency medical services delivery system

Education – to showcase excellence as a teaching institution by developing quality clinicians and leaders in the field of Emergency Medical Services

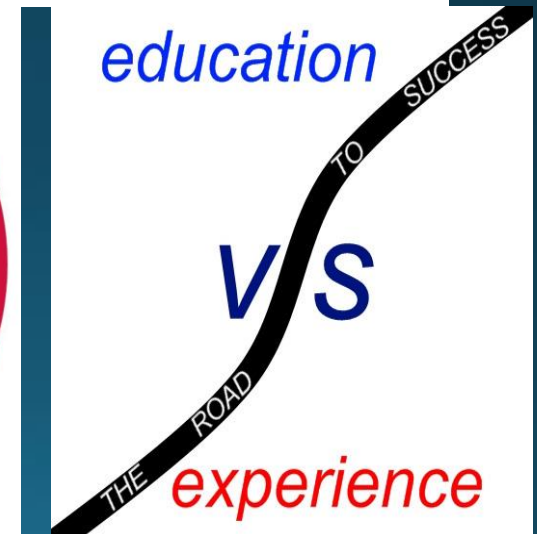
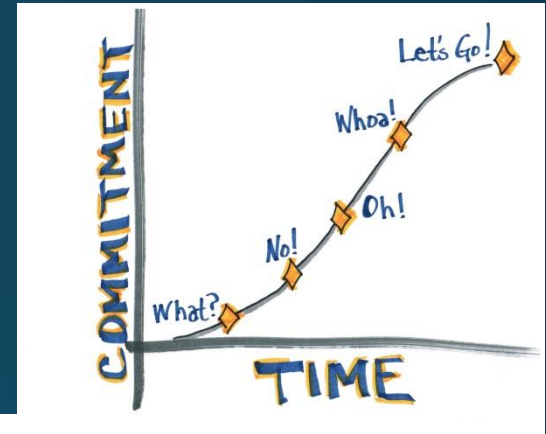
Community Leadership – to serve our community through leadership, collaboration, partnership, education, and outreach

Darby Weston, Director
370 N. Benjamin Lane · Boise, ID 83704
208-287-2950 phone · 208-287-2999 fax
adacountyparamedics.org



Personnel – Who's right for CP?

- Experience requirements
- Commitment
- Burnout



Healthcare – Not Public Safety



Structure

- Who will your Community Paramedics report to?
- Will you have a Community Paramedic leading the group?

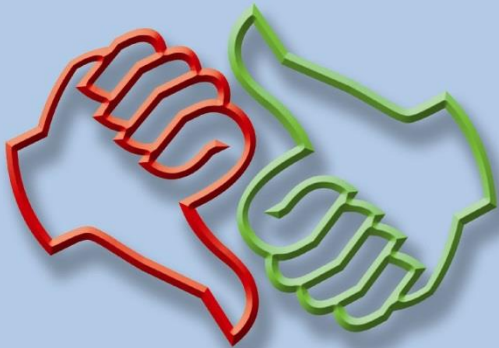
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Selling this to your peers...

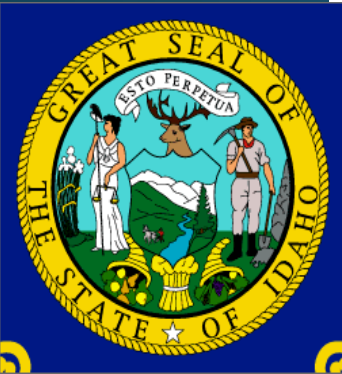
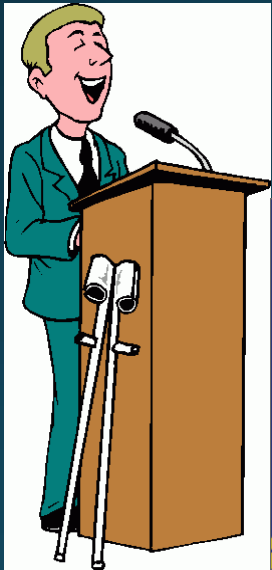
- What are some of the concerns you might get from peers?

COMPLAINTS
COMMENTS
COMPLIMENTS



Political Considerations

- Will there be a political component to all of this for your agency?



Stakeholder Engagement

- Involve others!
- Who would you involve in your area?
- Think of groups you've never interfaced with





RESOURCES TO SUPPORT PROGRAM DEVELOPMENT

- Education

- Idaho State University Community Paramedic Program
- Tuition - State EMS and Preparedness Bureau

- Mentoring Programs

- Program Training – In Person (Blackfoot Fire)

- External & Internal Engagement Strategies & Tools

- PPT Presentation & Conference Call Training
- On-Site Meeting Support Option (Blackfoot Fire Stakeholder Meeting)
- Regional SHIP Manager Connection
- Internal Outreach – In Development

- CMMI Funding Request

- Tiered Funding Opportunities & Deliverables





MENTORING & EXTERNAL OUTREACH DEVELOPMENT

Mentoring Programs

Program Training

Contact Mark Babson

mbabson@adaweb.net

208-287-2993



Ada County Paramedics - Blackfoot Fire Department
Initial Community Paramedic Training
Monday, March 7th, 2016 – 370 N. Benjamin Lane, Boise ID 83704

Training Day Agenda

- 9:00-9:30**
 - Introductions and General Program Overview
- 9:30-10:15**
 - Review Mental Hold Diversion Program
- 10:30-12:30**
 - Review the CARE Program - Saint Alphonsus Health Systems Partnership
 - Possible Site Visit – Saint Alphonsus Hospital Emergency Department
- 12:30-1:15**
 - Lunch
- 1:15-2:00**
 - Review Ada County Community Paramedics' Field Referral Program
- 2:00-3:00**
 - Review CHEMS Talking Outreach/Talking Points
 - Open Roundtable Discussion – Personnel Questions
 - Next Steps

(All times and agenda items subject to change)

Contact Information:

Mark Babson – mbabson@adaweb.net - 208-287-2993
Emily Shaw – eshaw@adaweb.net - 208-287-2991



MENTORING & EXTERNAL OUTREACH DEVELOPMENT

External Engagement Strategies & Tools

**PPT Presentation & Conference Call
Training**

Contact Mark Babson

On-Site Meeting Support

Contact Mary Sheridan

Regional SHIP Manager Connection

Contact Mary Sheridan





CHEMS - TESTING THE CONCEPT...

Goal: Identify metrics, data collection mechanisms, and data reporting strategies to test CHEMS.

Points of Alignment: Triple Aim, SHIP Priorities, PCMH/medical-health neighborhood concept

Development Strategy:

- Planning, facilitation, member recruitment, great participation
- 32 members, diverse expertise and statewide representation
- Subject matter expert: Matt Zavadsky, MedStar Mobile Healthcare, National Measures Design Team
- 3 full-day facilitated meetings between January-March 2016



NATIONAL MEASURES DESIGN TEAM

Mobile Integrated Healthcare Program

Measurement Strategy Overview

Aim

A clearly articulated goal statement that describes how much improvement by when and links all the specific outcome measures; what are we trying to accomplish?

Develop a uniform set of measures which leads to the optimum sustainability and utilization of patient centered, mobile resources in the out-of-hospital environment and achieves the Triple Aim® — improve the quality and experience of care; improve the health of populations; and reduce per capita cost.

Measures Definition:

1. Core Measures (BOLD)

- a. Measures that are considered essential for program integrity, patient safety and outcome demonstration.

2. CMMI Big Four Measures (RED)

- a. Measures that have been identified by the CMS Center for Medicare and Medicaid Improvement (CMMI) as the four primary outcome measures for healthcare utilization.

3. MIH Big Four Measures (PURPLE)

- a. Measures that are considered mandatory to be reported in order to classify the program as a bona-fide MIH or Community Paramedic program.

4. Top 17 Measures (Isolated)

- a. The 17 measures identified by operating MIH/CP programs as essential, collectable and highest priority to healthcare partners.
- b. These measures are isolated in this document for ease of reference.

Notes:

1. All financial calculations are based on the national average Medicare payment for the intervention described. Providers are encouraged to also determine the regional average Medicare payment for the interventions described.
2. Value may also be determined by local stakeholders in different ways such as reduced opportunity cost, enhanced availability of resources. Program sponsors should develop local measures to demonstrate this value as well.

For Standard Business Only

4

The 47 isolated measures



MEASURES DESIGN WORKGROUP





CHEMS MEASURES

(REFER TO APPROVED METRIC DOCUMENT)

Quality and Experience Measure: Patient health-related quality of life

Utilization Measure: Reduction in emergency department use

Cost Measure: Expenditure savings related to a reduction in emergency department use

Quality Measure: Patient connection to primary care provider

Quality and Safety Measure: Medication inventory to identify and reduce medication discrepancies



CMMI FUNDING REQUEST

(REFERENCE DOCUMENT TO CMMI FOR DETAILS)

Tier 1: Agency Commitment: \$3,000

Tier 2: Stakeholder Engagement: \$1,999

Tier 3: CHEMS Clinical Rotations and Community Paramedic Program Completion: \$2,000

Tier 4: Program Implementation: \$3,000



CHEMS MEASURES

COLLECTING/REPORTING REQUIREMENTS

Measures Selection: Patient Population/Program Specific

Collecting: TBD

- Tablet On-Site: During or After Patient Encounter
- Phone Survey
- Assistance Available

Reporting: TBD

- Quarterly
- Assistance Available



MUCH LEFT TO DO...



- CHEMS Workgroup “kick-off” this afternoon
- Outreach talking points, PowerPoint presentation & training on use and development of outreach tools
- Educating stakeholders and facilitating linkages: PCMHs, regional collaboratives, Medicaid Healthy Connections, public health district SHIP staff
- Recruiting 2nd paramedic cohort and 1st BLS cohort
- CHEMS EMT education strategy
- Telehealth
- Developing mentoring resources and learning collaborative approach to continuing education
- Site visits by staff to support stakeholder engagement



FEEDBACK/QUESTIONS?

